

2

Heirship Affidavit
0000519NF 2000 042579
State of Indiana
County of Lake

FILED
2000 JUN 16 11 2:43
MORRIS W. GIBBER
RECORDER

Comes now, Simon H. Thomas Sr., being duly sworn upon their oath and state as follows:

In regard to the following described property:

The South 5 feet of Lot 37 and all of Lot 38, Block 1, University Gardens, as shown in Plat Book 29, page 42, Lake County, Indiana.

1) That he is the sole surviving heir of Simon H. Thomas, Jr., deceased, who died intestate, a resident of LAKE County, Indiana on the 23 day of Dec., 97. And that no probate is intended.

2) That said Simon H. Thomas, Jr., left surviving him the following decedents:

Simon H. Thomas, Sr.

and that said decedent left no other child or children, nor descendants of any predeceased child or children, and that all survivors are competent adults.

3) That the statements made in this affidavit are true and complete insofar as the affiant know and are made for the purpose of establishing the Heirship of Simon H. Thomas, Jr., deceased.

We affirm under the penalties of perjury that the above and foregoing representations are true to the best of our knowledge and belief.

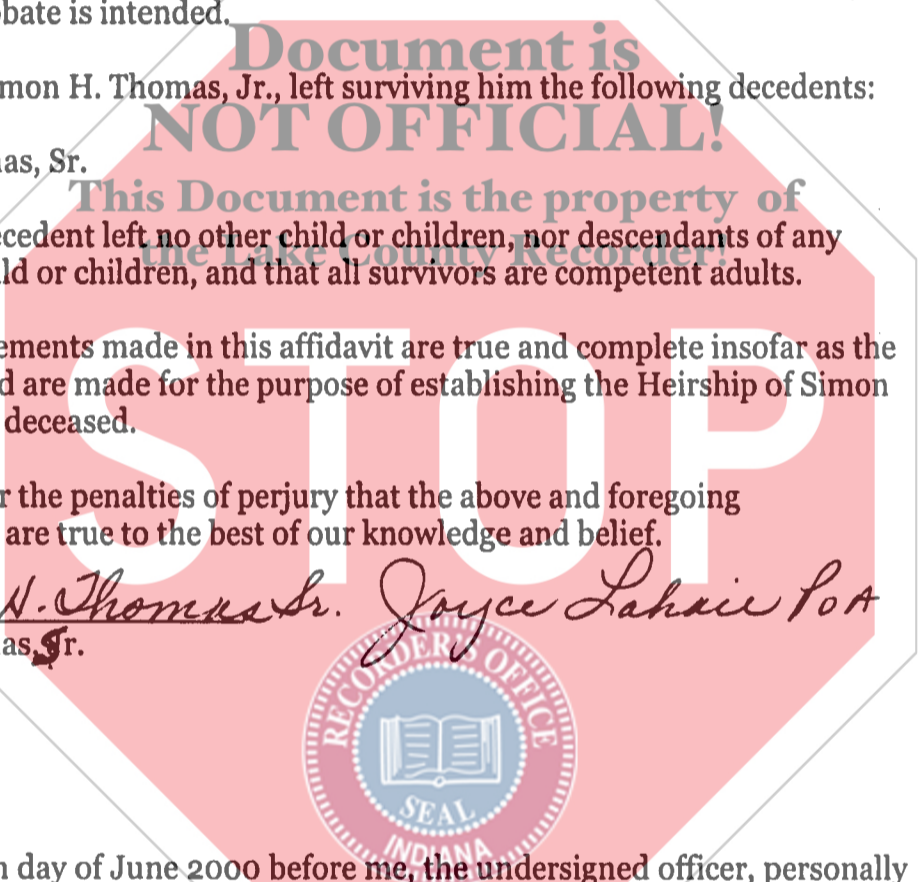
Simon H. Thomas Sr. Joyce Lahaie POA
Simon H. Thomas, Sr.

State of Indiana
County of Lake

On this, the 12th day of June 2000 before me, the undersigned officer, personally appeared Simon H. Thomas, Sr. known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he did executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Kathryn D. Glor
Kathryn D. Glor
If Notary, My commission expires 08/26/2006
County of Residence: Porter



RECEIVED FOR TAXATION SUBJECT 1
RECORDED FOR TRANSFER

JUN 16 2000

11.00
E.P.
946

31286

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

0600519NI
INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE / COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 1009

CERTIFICATE OF DEATH

June 6, 2000
Date Issued Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle Last) SIMON H. "TOMMY" THOMAS, JR.		2 SEX MALE		3a TIME OF DEATH 10:30 AM		3b DATE OF DEATH (Month Day Yr) DECEMBER 23, 1997	
4 SOCIAL SECURITY NUMBER 306-38-9742		5a AGE—Last Birthday (Years) 59		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) JAN. 21, 1938		7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA					
8a WAS DECEDENT A US VETERAN? no		8b YEAR LAST SERVED IN US ARMED FORCES? no		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) Residence: 6423 Kennedy Avenue				9c CITY, TOWN OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) never married		11 SURVIVING SPOUSE (If wife give maiden name) none		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) self-employed		12b KIND OF BUSINESS/INDUSTRY Tommy's Candy Store	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Hammond		13d STREET AND NUMBER 6423 Kennedy Avenue	
13e ZIP CODE 46323		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
15a RACE—American Indian, Black, White, etc. (Specify) white		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input checked="" type="checkbox"/> 6 College (11, 4 or 8) <input type="checkbox"/>					
16 FATHER'S NAME (First Middle Last) Simon Thomas, Sr.				16 MOTHER'S NAME (First Middle Maiden Surname) Audrey Lloyd			
20a INFORMANT'S NAME (Type/Print) Mrs. Joyce Lahala				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1995 Old Ridge Rd Hobart, IN 46342		20c Relationship Sister	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 26, 1997 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana			
22a EMBALMER'S NAME John C. Ault		22b EMBALMER'S LICENSE NO. FD01013507		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John C. Ault</i>		24b LICENSE NUMBER (of Licensee) FD01013507		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH830028 7042 Kennedy Ave. Hammond, IN 46323			
26 PART I. Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Asphyxia due to hanging DUE TO (OR AS A CONSEQUENCE OF) Conditions if any which gave rise to the immediate cause stating the underlying cause last a _____ b _____ c _____ d _____							Approximate Interval Between Onset and Death Unknown
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) as stated. Deputy <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.							
29b SIGNATURE AND TITLE OF CERTIFIER <i>Helen Sanok</i>				29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month Day Year) December 26, 1997	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Helen Sanok, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Bremuda M.D.</i>						32 DATE FIED (Month Day Year) December 29, 1997	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year) Dec. 23, 1997		34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Hanging	
34a PLACE OF INJURY—At home farm street factory office building etc (Specify) Residence				34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 6423 Kennedy Avenue Hammond, Indiana			
34g DATE PRONOUNCED DEAD (Month Day Year) December 23, 1997		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian, etc. No.					